



APPLICATION FOR FUNERAL DIRECTOR EXAMINATION

State Form 45267 (R4 / 4-03)

Approved by State Board of Accounts, 2003

State Board of Funeral and Cemetery Service
302 W. Washington St., Rm. E034
Indianapolis, IN 46204
317-232-2980
www.in.gov/pla

FEE: \$50.00

All supervised practice must be verified by a licensed funeral director on the reverse side of this form or by separate affidavit.

* Your Social Security number is requested to facilitate cross checking and verification purposes as attested in IC 4-1-8-1; disclosure is mandatory. The number will be given to the Department of Revenue.

Name of applicant		Social Security number *	
Address (number and street, city, state, ZIP code)			
Telephone number	Funeral director intern license number	Date issued	Date expired
I have worked under the direct supervision of the following funeral director licensees, having at least one (1) year of continuous experience in the practice of funeral service:			
Name of funeral director	License number	Name of funeral home	License number
Address (number and street, county)			
(city, state, ZIP code)			
Dates of service (month, day, year)			
From		To	
Name of funeral director	License number	Name of funeral home	License number
Address (number and street, county)			
(city, state, ZIP code)			
Dates of service (month, day, year)			
From		To	
(Service for one funeral home during two different periods of time must be verified by separate affidavits)			
Have you ever been convicted of a crime (felony or misdemeanor)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please attach supporting documentation relevant to the conviction.			
I hereby verify that I have had one year of continuous experience in the practice of funeral service as defined by IC 25-15-2-22, under the direct supervision of funeral director(s) licensed by the State Board of Funeral and Cemetery Service during the aforementioned period(s) of time.			
Signature of applicant		Date signed	

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant		Signature of Notary Public	
Printed or typed name of applicant		Printed or typed name of Notary Public	Date commission expires
Date subscribed and sworn to Notary Public		County of residence	

INTERNSHIP VERIFICATION BY FUNERAL DIRECTOR

I, _____, _____, of
 (Name of funeral director) (License number)
 the _____, _____
 (Name of funeral home) (Location)
 _____, hereby verify that _____ for the period
 (License number) (Name of intern)
 from _____ to _____, has practiced funeral
 (Month, day, year) (Month, day, year)
 service continuously under my direct supervision.

I swear to or affirm the truth of the foregoing.

STATE OF _____ }
 COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the
 above-named supervising funeral director, that I have personally prepared the foregoing verification, and that the same is true to the best of my
 knowledge and belief.

Signature of supervising funeral director	Signature of Notary Public	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

INTERNSHIP VERIFICATION BY FUNERAL DIRECTOR

I, _____, _____, of
 (Name of funeral director) (License number)
 the _____, _____
 (Name of funeral home) (Location)
 _____, hereby verify that _____ for the period
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 (Month, day, year) (Month, day, year)
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 knowledge and belief.

Signature of supervising funeral director	Signature of Notary Public	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires